

Records Due On The 5th: 12:00 pm Mail To: Northwest Nutrition Service P.O. Box 68365 Milwaukie, Oregon 97268 (503) 653-7626 or 1-800-600-6058	Print Name: _____ Signature: _____ Phone # : _____	Attendance	Tier	I	II
	Claim Month: _____ Year: _____ Account#: _____ Received: _____			B	
I certify the information submitted is accurate in all respects. I understand that this information is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in State or Federal prosecution. This program must be made available to all eligible children regardless of age, sex, handicap, race, color, religion, or national origin. <p style="text-align: center;">“This institution is an equal opportunity provider”</p>		# of Days	S		
			L		
			D		

Circle Non-School Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tier	I	II	
First/Last Name																																	B		
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Age:																																	L		
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OFFICE USE ONLY DO NOT WRITE BELOW			Meal Count Letter Code B-breakfast A-am snack L-lunch P-pm snack D-dinner LS-late snack
Start Date: _____ Record Check: _____ Home Visit: _____ Daily <input type="checkbox"/> Own Cycle <input type="checkbox"/> Cycle <input type="checkbox"/> Master <input type="checkbox"/> Exception: 1 2 3 4 5 6 7 8 Group Home <input type="checkbox"/> DHS Exempt Care <input type="checkbox"/> Income Eligibility: Yes No Own NP: _____ Review <input type="checkbox"/> Red Flag <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Serious Deficiency <input type="checkbox"/>	Expired Reg: _____ Pending Reg: _____ Add Chg: _____	Office Memo: _____ _____ _____	
Field Rep: _____ Check In: _____ Read: _____ Count: _____ Red Check: _____ Double Check: _____			DAILY MEAL COUNT RECORDS

“This institution is an equal opportunity provider”

DAILY MENUS

PLEASE DO NOT SKIP COLUMNS

PROVIDER NAME: _____ MENU MONTH: _____ YEAR: _____

PATTERN:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
Breakfast: Milk							
Fruit or Vegetable							
Bread or Alternate							
AM Snack: 2 foods from 2 different food groups							
Milk, Meat, Bread, Fruit/Vegetable							
Lunch: Milk							
Meat or Alternate							
Fruit or Vegetable							
Fruit or Vegetable							
Bread or Alternate							
PM Snack: 2 foods from 2 different food groups							
Milk, Meat, Bread, Fruit/Vegetable							
Dinner: Milk							
Meat or Alternate							
Fruit or Vegetable							
Fruit or Vegetable							
Bread or Alternate							
LS Snack: 2 foods from 2 different food groups							
Milk, Meat, Bread, Fruit/Vegetable							

<u>Breakfast</u>				<u>Snacks</u>				<u>Lunch or Dinner</u>			
Age	1-3 years	3-6 years	6-12 years	Age	1-2 years	3-5 years	6-12 years	Age	1-3 years	3-6 years	6-12 years
Milk	1/2 cup	3/4 cup	1 cup	Milk	1/2 cup	1/2 cup	1 cup	Milk	1/2 cup	3/4 cup	1 cup
Fruit or Vegetable	1/4 cup	1/2 cup	1/2 cup	Fruit or vegetable	1/2 cup	1/2 cup	3/4 cup	Fruit or Vegetable	1/4 cup	1/2 cup	3/4 cup
Bread	1/2 slice	1/2 slice	1 slice	Bread	1/2 slice	1/2 slice	1 slice	Bread	1/2 slice	1/2 slice	1 slice
Cereal	1/4 cup	1/3 cup	3/4 cup	Meat or Alternate	1/2 oz	1/2 oz	1 oz	Meat	1 oz	1-1/2 oz	2 oz
Cooked Cereal	1/4 cup	1/4 cup	1/2 cup					Egg	1	1	1
								Yogurt	1/2 cup	3/4 cup	1 cup
								Dry Bean or Dry Pea, cooked	1/4 cup	3/8 cup	1/2 cup
								Peanut Butter	2 T	3 T	4 T